

# Shoreline Community College

## Employee Contact & Change Form

\*ctcLink's Employee Self Service portal also allows employees to make most changes independently\*

New Employee Date of Hire: \_\_\_\_\_ or Change Effective Date: \_\_\_\_\_

Action Requested- Choose 1	Employee Type- Choose 1
New Employee- Sections 1, 2, 3, 5	Admin / Exempt
Employee Address/Contact Update- Sections 1, 2, 5	Classified
Emergency Contact Update Sections 1, 3, 5	Full-Time Faculty
Legal Name Change- Sections 4, 5	Part-Time Faculty
Other (specify)	Student / Non-Perm / Hourly

1. Employee Legal Name <i>Exactly as it appears on Social Security Card</i>			
First		Middle	
		Last	

2. Employee Contact			
Phone		Date of Birth	
Email		ctcLink ID	
Street Address		City/State/Zip	

3. Employee's Emergency Contact			
Name		Phone	

4. Legal Name Change <i>Preferred display names can be updated through ctcLink Employee Self Service</i>			
Prior First Name		New First Name	
Prior Last Name		New Last Name	
Yes ___	New Social Security Card and Photo ID brought in with this form		
For information about how to update your Social Security Card: <a href="chrome-extension://efaidnbmninnibpcjpcglclefindmkaj/https://www.ssa.gov/pubs/EN-05-10513.pdf">chrome-extension://efaidnbmninnibpcjpcglclefindmkaj/https://www.ssa.gov/pubs/EN-05-10513.pdf</a>			

5. Authorization			
Employee Signature		Date	

**Return to the Office of Human Resources [hr@shoreline.edu](mailto:hr@shoreline.edu) or Admin Bldg 1000- Rm 1013**

OFFICE USE ONLY	ctcLink Input (date/initials)	Payroll/Benefits Input (date/initials)
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